

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/543014

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		2				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45			1			
46				1		
47						
48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58			1			
59				1		
60				1		
61				1		
62				1		
63			1			
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			19			